

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/520521**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/	/			52						
3				/			53						
4				/			54						
5				/			55						
6	/		/				56						
7	/		/				57						
8			/	/			58						
9			/	/			59						
10	/		/				60						
11	/		/				61						
12	/						62						
13	/						63						
14	/						64						
15	/						65						
16							66						
17							67						
18							68						
19	/						69						
20							70						
21							71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26	/						76						
27	/						77						
28	/		/				78						
29			/	/			79						
30			/	/			80						
31			/	/			81						
32			/	/			82						
33			/	/			83						
34			/	/			84						
35			/	/			85						
36	/		/				86						
37			/				87						
38			/				88						
39			/				89						
40	/						90						
41	/						91						
42							92						
43	/						93						
44	/						94						
45							95						
46			/				96						
47			/				97						
48							98						
49							99						
50							100						
TOTAL IND.	19	↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26	←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	45		22				TOTAL CLAIMS						

BEST AVAILABLE COPY